MAXIMUS Federal Services

Case Number:	CM14-0168705		
Date Assigned:	10/16/2014	Date of Injury:	09/21/2011
Decision Date:	11/18/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 24-year-old female who has an injury date of 09/21/2011. Based on the 09/29/2014 progress report, the patient complains of having back pain. She rates her pain as a 6/10 and has radiating pain after sitting for a long period of time. She has an antalgic gait and tenderness of lumbar paraspinals bilaterally. She has a positive seated leg raise on left at 40 degrees. The patient's diagnoses include the following: spondylolisthesis, lumbar radiculopathy, low back contusion and bilateral knee joint pain. The utilization review determination being challenged is dated 10/01/2014. There was one treatment report provided from 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meloxicam 7.5mg take 1-2 po prn pain #60, refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication, Page(s): 22,8.

Decision rationale: Based on 09/29/2014 progress report, the patient complains of having back pain, which radiates after sitting for a long period of time. There is no indication of when the

patient began taking meloxicam. MTUS states NSAIDs are indicated for short-term relief of chronic low back pain. MTUS page 8 also states all therapies are focused on the goal of functional restoration and the assessment of treatment efficacy is completed by reporting functional improvement. In this case, the physician does not discuss how meloxicam has impacted the patient. Recommendation is for denial.

Norco 5/325mg take 1-2 po every 6 hours prn pain #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 88,89,78.

Decision rationale: Based on the 09/29/2014 progress report, the patient complains of having back pain, which radiates after sitting for too long. There is no indication as to when this patient began taking this medication. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, there is only one progress report provided which had no discussion in any regard to analgesia, ADLs, adverse side effects, and/or adverse behavior. Due to lack of documentation, recommendation is for denial. In this case, there is only one progress report provided which had no discussion in any regard to analgesia, ADLs, adverse side effects, and/or adverse behavior. Due to lack of documentation, recommendation is for denial.

Cyclobenzaprine 10mg take 1 po at bedtime prn muscle spasms #60 refills 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: According to the 09/29/2014 progress report, the patient complains of having back pain, which radiates after she sits for a long period of time. There is no indication provided as to when the patient began taking cyclobenzaprine. MTUS page 64 states cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) is recommended for a short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use. In this case, there is no indication of how long the patient has been taking cyclobenzaprine for and it is unknown if the patient has been taking this on a long-term basis. Therefore, recommendation is for denial.